

## OFFICE OF CONGRESSMAN RAUL RUIZ, M.D.

www.ruiz.house.gov | P: 760-424-8888 | F: 760-424-8993

## APPLICATION FOR CONGRESSIONAL NOMINATION TO UNITED STATES MILITARY ACADEMIES

## Return Completed Application Packet to:

Congressman Raul Ruiz, M.D. ATTN: Military Academies Nominations 43875 Washington Street, Suite F Palm Desert, CA 92211

Thank you for your interest in obtaining a congressional nomination to the United States Military Academies. This completed application, along with the supporting documents detailed below, must be delivered to my office or postmarked by **November 4, 2015** in order to be considered for a congressional nomination. Please note that only residents of California 36th Congressional District will be considered for a congressional nomination.

## REQUIRED DOCUMENTS CHECKLIST

Please attach the following documents to this completed application.

 <u>High School Transcripts</u> . An <u>official</u> copy of your high school transcript. Please ensure that your transcript includes courses currently in progress, your GPA, and rank.
 <u>Personal Essay</u> . A personal essay of 500 words or less, describing why you want to attend a military academy and the goals you have for your military career.
 <b>SAT or ACT Test Scores</b> . Please submit official copies of your test scores.
 Two letters of recommendation. Please provide two letters of recommendation from people who know you well and can attest to your educational skills and abilities. It is advised that at least one letter be from a principal, teacher, or coach. Letters should be on institutional letterhead, signed, and in a sealed envelope.
 <b>Resume</b> . Please provide a resume detailing your high school extracurricular activities, community service, work experience, and honors/awards.
 <b>Photograph</b> . Please provide a photograph (no larger than 4"x 6") of yourself with your name printed on the back.

First Name	M.I.	. Last Name
Street Address		
City, State, Zip Code		
Date of Birth		Social Security Number
High School Attending		Expected Graduation Date
Preferred Contact Phone number	Ema	ail Address
2. <u>PARENT/GUARDIAN INFORMAT</u>		ail Address
Parent(s)/Guardian(s) Names	<u>ΓΙΟΝ</u>	y, State, ZIP Code
Parent(s)/Guardian(s) Names Street Address	<u>ΓΙΟΝ</u> City	
Parent(s)/Guardian(s) Names Street Address Preferred Contact Phone number	City	y, State, ZIP Code ail Address
Parent(s)/Guardian(s) Names  Street Address  Preferred Contact Phone number  B. ACADEMY NOMINATION INFOLE  Please rank 1 thru 4 the military academies for water seeking a nomination. If you are not intereste	City Ema	y, State, ZIP Code ail Address
Parent(s)/Guardian(s) Names  Street Address  Preferred Contact Phone number  B. ACADEMY NOMINATION INFOLE  Please rank 1 thru 4 the military academies for water seeking a nomination. If you are not intereste	City Ema	y, State, ZIP Code ail Address  ON  Please indicate with a check mark which schools you
Parent(s)/Guardian(s) Names  Parent(s)/Guardian(s) Names  Preferred Contact Phone number  B. ACADEMY NOMINATION INFO  Please rank 1 thru 4 the military academies for what are seeking a nomination. If you are not interested applying to one of the academies, do not rank the	City Ema	y, State, ZIP Code ail Address  ON  Please indicate with a check mark which schools you have opened an admissions file at.
Parent(s)/Guardian(s) Names  Street Address  Preferred Contact Phone number  3. ACADEMY NOMINATION INFO  Please rank 1 thru 4 the military academies for ware seeking a nomination. If you are not interested applying to one of the academies, do not rank the U.S. Air Force Academy	City Ema	y, State, ZIP Code ail Address  ON  Please indicate with a check mark which schools you have opened an admissions file at.  U.S. Air Force Academy